



ARIZONA STATE SENATE
Fifty-Fifth Legislature, Second Regular Session

FACT SHEET FOR S.B. 1077

AHCCCS; chiropractic care; report

Purpose

Adds medically necessary chiropractic services prescribed by a primary care physician or practitioner to the health and medical services covered by the Arizona Health Care Cost Containment System (AHCCCS).

Background

AHCCCS contracts with health professionals to provide medically necessary health and medical services to eligible members. Currently, AHCCCS contractors are required to provide: 1) inpatient hospital services; 2) outpatient health services; 3) laboratory and X-ray services; 4) prescription medications; 5) medical supplies, durable medical equipment, insulin pumps and prosthetic devices; 6) treatment of medical conditions of the eye; 7) early and periodic health screening and diagnostic services; 8) family planning services; 9) podiatry services; 10) nonexperimental transplants; 11) emergency dental care; 12) ambulance and nonambulance transportation; 13) hospice care; and 14) orthotics ([A.R.S. § 36-2907](#)).

Chiropractic services is the nonsurgical and noninvasive treatment of neck and back pain through physiotherapy, musculoskeletal manipulation and other physical corrections of musculoskeletal conditions within the scope of the chiropractic practice ([A.R.S. § 20-1057.03](#)).

The *hospital assessment fund* consists of monies collected from an assessment of hospital revenues, discharges or bed days for the purpose of supplementing AHCCCS funding from the Prop 204 protection account and Arizona tobacco litigation settlement fund ([A.R.S. § 36-2901.09](#)).

In 2021, the Joint Legislative Budget Committee issued a fiscal note on an identical measure that estimated a nine-month fiscal impact of \$2.4 million to the state General Fund and \$12 million in total funds in FY 2022. The full-year cost in FY 2023 would increase to a \$3.1 million impact to the state General Fund and \$15.9 million in total funds ([JLBC](#)).

Provisions

1. Requires AHCCCS to provide medically necessary chiropractic services performed by a licensed chiropractor and ordered by a primary care physician or practitioner, subject to approval by the U.S. Centers for Medicare and Medicaid Services and rules adopted by AHCCCS.
2. Allows a primary care physician or practitioner to:
 - a) order up to 20 medically necessary chiropractic visits annually; and
 - b) authorize additional chiropractic services in that same year if medically necessary.

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3. Requires AHCCCS to:
 - a) prescribe provider qualifications for chiropractic services;
 - b) report on chiropractic service utilization and any identified cost savings;
 - c) submit the report, by January 21, 2027, on its findings to the Governor, President of the Senate and Speaker of the House of Representatives; and
 - d) provide a copy of the report to the Secretary of State.
4. Repeals AHCCCS chiropractic reporting requirements on June 30, 2027.
5. Prohibits monies from the Hospital Assessment Fund from being used to provide chiropractic services.
6. Makes technical and conforming changes.
7. Becomes effective on the general effective date.

Prepared by Senate Research

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